

Attach photograph below.
Head must be no smaller
than indicated.

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Application for approval to practice as a
as a:

RESIDENT PHYSICIAN



1. Name Johnson Judith L
(last) (first) (MI) (maiden)
2. Birthdate [redacted] 64 Place of Birth Minneapolis MN USA
city state country
3. Address [redacted] New Hope MN 55427
street city state zip
4. Telephone numbers [redacted] () _____
5. Social Security number [redacted]
6. Medical school information
Name University of Minnesota Medical School
Address 515 Delaware St SE Minneapolis MN 55455
street city state zip
Country USA Date of Graduation 6/7/91
7. National Examination (Check one or indicate None.)
National Boards
FLEX..... _____
ECFMG..... _____
LMCC..... _____
Other (Specify) _____
None..... _____
8. Are you licensed in any other States? yes ___ no
(If yes, list states and license numbers.)
State License no.

9. Field of approved residency: OB/GYN
10. Current year of residency training I

11. Hospital(s) where training will be conducted in New Mexico

UNM Affiliated Hospitals

12. Date of entry into residency program in New Mex. 6/24/91

13. Length of residency program 4 years

14. Have you ever been charged with violation of any federal, state or local statute? yes no (If yes, explain on attachment.)

15. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? yes no (If yes, explain on attachment.)

AFFIDAVIT

I certified the information I have provided is correct, and that I will inform the Board of Medical Examiners, through the university of New Mexico Medical School of any changes of my address or telephone number(s), and changes of status in the residency program.

Date 5/21/91 Signature [Handwritten Signature]

Notarized by Orlinda Platero
Notary expiration date April 16, 1994

FOR BOARD USE ONLY

Initial Approval	New Mexico License	Disciplinary action or Dismissal from program
Date <u>June 19/91</u>	Temp. # <u>6689</u>	
BY <u>[Signature]</u>	Date <u>04/13/95</u>	
(Sec/Treasurer)	Regular # <u>95-79</u>	
Resident No. <u>91-R-104</u>	Date <u>5/19/95</u>	
	Approval by Yr. By	
	<u>6/24/91-6/30/91</u> <u>JAL</u>	
	<u>6/30/91-92</u> <u>JAL</u>	
	<u>6/30/92-93</u> <u>JAL</u>	
	<u>6/30/93-94</u> <u>JAL</u>	
	<u>6/30/94-95</u> <u>JAL</u>	



STAFF USE ONLY
Amt. Rec. 790

BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, New Mexico 87501

Administration (505) 827-5022
Financial (505) 827-6759

Applications (505) 827-9933
Verifications (505) 827-7317

MAY 1995 ORIENTATION INITIAL LICENSE REGISTRATION FORM

RETURN BY APRIL 28, 1995 IN ORDER TO RECEIVE YOUR ANNUAL REGISTRATION AND YOUR ORIGINAL WALL CERTIFICATE AT ORIENTATION. YOU MAY NOT PRACTICE MEDICINE IN NEW MEXICO UNTIL YOUR PERMANENT LICENSE HAS BEEN ISSUED AND REGISTERED. To register your license you must complete this form and pay a pro-rated fee of \$79.00. By law you are required to furnish the Board with a location of your business address. A post office box alone is not acceptable. All blanks must contain a response before your form will be processed.

DEA # B278

INTERIM # 6680

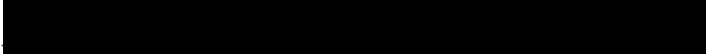
NAME : JUDITH JOHNSON

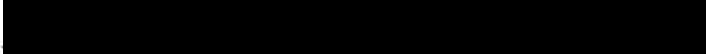
BUS. ADDR : 883 LEAD AVE SE

CITY/ST/ZIP : ALBUQUERQUE NM

BUS. PHONE : 247-8820

HOME ADDRESS : 

CITY/ST/ZIP : 

HOME PHONE : 

RECEIVED
MAY 22 1995
NM BOARD OF
MEDICAL EXAMINERS

LIST ANY ADDITIONAL HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES:

- 1. NA
- 2. _____
- 3. _____
- 4. _____

LIST ANY OTHER STATE MEDICAL LICENSES YOU HAVE ACQUIRED SINCE YOUR INTERVIEW WITH THE NEW MEXICO BOARD:

STATE: NA LIC# ✓ STATE: ✓ LIC# ✓

Since your interview with the New Mexico Board have you been convicted of a felony or had any action against any medical license you hold?
 NO YES (If yes, attach explanation)

I have enclosed the fee for \$79.00, (personal check or money order) to register my NM license to attend the **MAY 19, 1995 ORIENTATION.**

I verify that all above information is true and accurate on this date.

Signature: 
(Must be signed by physician)

Date: 5/18/95



NEW MEXICO BOARD OF MEDICAL EXAMINERS

510700

INTERIM PERMIT

NO. 6689

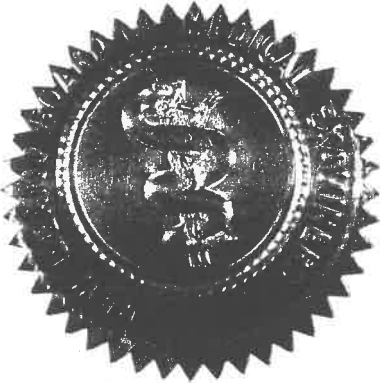
JUDITH JOHNSON, M.D.,

having filed a satisfactory application and paid his/her license fee, through endorsement of NATIONAL BOARD is hereby granted this Interim Permit to practice medicine in the State of New Mexico, valid until the next regular meeting of the New Mexico Board of Medical Examiners in Santa Fe, New Mexico, on MAY 19, 1995.

Dated this 13TH day of APRIL, 1995.


Secretary/Treasurer


Board Member or Secretary/Treasurer



THIS CERTIFICATE NOT VALID WITHOUT TWO SIGNATURES

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
515 NORTH STATE STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 04-05-95
TIME: 9:42 PM

NAME: JOHNSON, JUDITH LYNN, M.D.
ADDRESS: [REDACTED] RD NE 87106
BIRTHPLACE: MINNEAPOLIS, MN
BIRTHDATE: [REDACTED]/64
MEMBER OF AMA: NON-MEMBER
MEDICAL SCHOOL: 026-04
UNIV OF MN MED SCH-MINNEAPOLIS, MINNEAPOLIS MN 55455
YEAR OF GRADUATION: 1991
LICENSES (INITIAL YEAR GRANTED BY STATE):
NONE REPORTED TO DATE
NATIONAL BOARD CERTIFICATION: 1992
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: RESIDENT
SELF DESIGNATED SPECIALTIES
PRIMARY: OBSTETRICS AND GYNECOLOGY
SECONDARY: UNSPECIFIED
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: RESIDENT
HOSPITAL: UNIV OF NM SCH OF MED ALBUQUERQUE NM 87131
DATES OF TRAINING: 07/91-06/95 -- (CONFIRMED)
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: NONE REPORTED TO DATE
FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1995 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. ****AMA FILES CHECKED

RECEIVED

APR 10 1995

NM BOARD OF
MEDICAL EXAMINERS

507300

Application Fee Enclosed \$ 350.00

DO NOT SEPARATE OR COPY THIS FORM

BOARD of MEDICAL EXAMINERS of the STATE of NEW MEXICO

Application for license to practice medicine
through endorsement or examination

RECEIVED
MAR 13 1995
NM BOARD OF
MEDICAL EXAMINERS

To the Board of Medical Examiners of the State of New Mexico.

I hereby make application for a license to practice medicine and submit the following statement concerning my age, moral character, and medical education and practice.

DEA NUMBER [REDACTED]
SOCIAL SECURITY NUMBER [REDACTED]

Full name JOHNSON JUDITH LYNN
last first mi maiden
Address [REDACTED] Albuquerque New Mexico 87106
street state zip
Telephone numbers ([REDACTED]) (505) 843-4501
(HOME) (OFFICE)

CERTIFICATE OF MEDICAL EDUCATION
(For School Use Only)

It is hereby certified that Judith Lynn Johnson
of Minneapolis, Minnesota Matriculated in
University of Minnesota Medical School at 420 Delaware Street S.E., Mpls, Mn 55455
Admission Date 9/8/87, attended 13 courses of instruction
of 12 weeks months each, and received a diploma of Doctor
of Medicine (date) 6/8/91.

Helene M. Horwitz

(President, Secretary or Dean)

Helene M. Horwitz, Ph.D., Associate Dean

Date 3/3/95

(SCHOOL SEAL)

Attach Here:
U.S. Consul Verification or Appostille

Attach a passport quality photo to the space provided at the right.
SCHOOL SEAL MUST OVERLAP PHOTOGRAPH
Head on photograph must be no less than 1½ inches long as indicated.
Send one additional photo of same size and quality with application.
(One on application and one additional = 2 total)



1. Date of birth / 1964 Place of birth Minnesota, USA
(state, country)

2. Citizenship USA by birth yes no

USA by naturalization Nat. cert. #

3. Are you in compliance with the Immigration and Naturalization Act of 1986? yes NA no

4. Is this an application for licensure by (check one): Endorsement Examination

5. List all states or provinces in which you are now or have ever held a license or permit to practice medicine.

State or Province	Lic. #	Date of Issue	Current	
			yes	no
<u>not applicable</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. List all hospital staffs on which you have served in the past five (5) years. (Use attachment if needed.)

Dates	Name	Address	City/State/Zip
<u>6/24/91 - present</u>	<u>University of New Mexico Hospital</u>	<u>Albuquerque NM</u>	<u>87106</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. List all of the following to which you have belonged. HMO, PPO, IPA, PRO (Use another sheet if necessary.)

Name	Address	City	State	Zip
<u>not applicable</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

8. Have you ever been treated for mental illness?

Hospitalized? yes no (If yes, explain on separate page.)

9. Do you have a physical impairment? yes no (If yes, explain on separate page.)

10. Have you ever resigned or withdrawn your application from any hospital staff or professional medical group? yes no (If yes, explain on separate page.)

GRADUATE MEDICAL EDUCATION

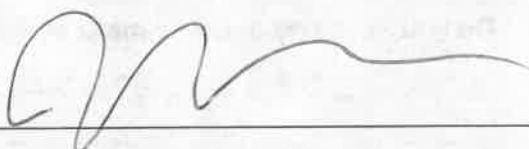
Internship/Residencies/Fellowships

Month/Year	Month/Year	Name of Hospital	Location
From <u>June 1991</u>	To <u>present</u>	<u>University of New Mexico</u>	<u>Albuquerque NM</u>
From _____	To _____	_____	_____
From _____	To _____	_____	_____
From _____	To _____	_____	_____

AFFIDAVIT

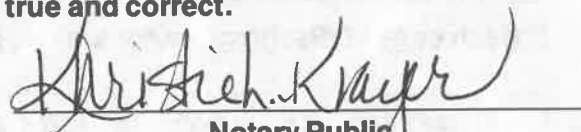
I received the degree of Doctor of Medicine from University of Minnesota located at Minneapolis, Minnesota on the 8th day of June, 19 91

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated 3/9/95 Signed 
 Address 1404 Marquette Pl NE ABQ 87106
 County of Bernalillo State of New Mexico

In Bernalillo said county on this 9th day of March
 A.D. 19 95, personally appeared before me Kristie H. Krayer

who, being duly sworn, deposes and says that he has read carefully and truthfully answered all questions on this application and that every statement recorded is true and correct.


 Notary Public

My commission expires 12/20, 19 95

Foreign Medical Graduates Only

For: U.S. Consul verification of Medical School Official Signature (See front page.*) or Apostille.

DATE 03/13/95
PAGE 01 OF 02

STUDENT NAME
JOHNSON JUDITH LYNN

BIRTHDATE

FILE NO
1388363

SOC SEC NO

STUDENT ADDRESS
1404 MARQUETTE N E
ALBUQUERQUE NM 87106

CURRENT INFORMATION
CAMPUS TWIN CITIES COLLEGE MED SCH-TC AREA
MAJOR MEDICINE SUBPROGRAM DEGREE SOUGHT

RECEIVED
MAR 16 1995
NM BOARD OF
MEDICAL EXAMINERS

TRANSCRIPT LEVEL: PROFESSIONAL

UNIVERSITY OF MINNESOTA DEGREES GRANTED

MEDICAL SCHOOL
DOCTOR OF MEDICINE
GRANTED JUNE 8, 1991

FALL QUARTER 1988 MED SCH-TC
MAJOR: MEDICINE
INMD 5101 CLIN MEDICINE II 4.0 S
INMD 5201 PATHOPHYSIOLOGY I 13.0 S
LAMP 5102 ORGAN SYSTEM PATH 4.0 S
PHCL 5110 PHARMACOLOGY 5.0 S

COMPL CRS: 26.0 QTR GPA: 0.00 CUM GPA: 0.00

FALL QUARTER 1987 MED SCH-TC
MAJOR: MEDICINE
CBN 5100 GROSS HUMAN ANATOMY 12.0 S
CBN 5103 HUMAN HISTOLOGY 7.0 S
CBN 5104 PRIN OF DEVELOPMENT 1.0 E
MOBC 5100 MEDICAL BIOCHEMISTR 6.0 E

COMPL CRS: 26.0 QTR GPA: 0.00 CUM GPA: 0.00

WINTER QUARTER 1989 MED SCH-TC
MAJOR: MEDICINE
INMD 5202 PATHOPHYSIOLOGY II 10.0 S
INMD 5203 PATHOPHYSIOLOGY III 11.0 S
LAMP 5102 ORGAN SYSTEM PATH 4.0 S
PHCL 5111 PHARMACOLOGY 4.0 S

COMPL CRS: 29.0 QTR GPA: 0.00 CUM GPA: 0.00

WINTER QUARTER 1988 MED SCH-TC
MAJOR: MEDICINE
CBN 5111 HUMAN NEUROSCI A 3.0 E
DENT 5070 HLTH ECOLOGY ELECT 1.0 S
MOBC 5101 MEDICAL BIOCHEM 4.0 E
NICB 5205 NICB FOR MED STUDEN 5.0 S
PHSL 5110 HUMAN PHYSIOLOGY 4.0 S

COMPL CRS: 17.0 QTR GPA: 0.00 CUM GPA: 0.00

SPRING QUARTER 1989 MED SCH-TC
MAJOR: MEDICINE
INMD 5102 CLIN MED III:INT MD 4.0 S
INMD 5103 CLIN MED III:FAM PR 4.0 S
INMD 5104 CLIN MED III: PEDI 4.0 S
INMD 5105 CLIN MED III:NEUROL 4.0 S
INMD 5204 PATHOPHYSIOLOGY IV 6.0 S
INMD 5290 LABORATORY MEDICINE 1.0 S

COMPL CRS: 23.0 QTR GPA: 0.00 CUM GPA: 0.00

SPRING QUARTER 1988 MED SCH-TC
MAJOR: MEDICINE
INMD 5115 CLIN CORRELATIONS 3.0 S
LAMP 5101 GENERAL PATHOLOGY 2.0 S
NICB 5206 NICB FOR MED STUDEN 5.0 S
PHSL 5111 HUMAN PHYSIOLOGY 4.0 E
PHSL 5112 HUMAN NEUROSCI B 3.0 E

COMPL CRS: 17.0 QTR GPA: 0.00 CUM GPA: 0.00

SUMMER SESSION I 1989 MED SCH-TC
MAJOR: MEDICINE
ADPY 5500 PSYCHIATRY EXTERNSH 9.0 E
SURG 5500 EXTERNSHIP:SURGERY 9.0 E

COMPL CRS: 18.0 QTR GPA: 0.00 CUM GPA: 0.00

SUMMER SESSION I 1988 MED SCH-TC
MAJOR: MEDICINE
ADPY 5107 HUMAN BEHAVIOR 4.0 E
INMD 5100 CLIN MEDICINE I 6.0 S
INMD 5110 HUMAN GENETICS 2.0 S
INMD 5233 HUMAN SEXUALITY 2.0 E
LAMP 5101 GENERAL PATHOLOGY 4.0 S

COMPL CRS: 18.0 QTR GPA: 0.00 CUM GPA: 0.00

FALL QUARTER 1989 MED SCH-TC
MAJOR: MEDICINE
OBST 5500 EXTERNSHIP:OBST 9.0 O
RAD 5104 EXTERNSH:DIAG RAD 4.5 S

COMPL CRS: 13.5 QTR GPA: 0.00 CUM GPA: 0.00

ISSUED TO:
BOARD OF MEDICAL EXAMINERS
SECOND FLOOR, LAHY BUILDING
491 OLD SANTA FE TRAIL
SANTA FE, NM 87501



RAISED SEAL NOT REQUIRED

This official university transcript does not require a raised seal.

Samuel R. Lewis

SAMUEL R. LEWIS, REGISTRAR
University of Minnesota - Twin Cities

DATE 03/13/95
PAGE 02 OF 02

STUDENT NAME
JOHNSON JUDITH LYNN
TRANSCRIPT LEVEL: PROFESSIONAL

BIRTHDATE

FILE NO
1388363

SOC SEC NO

WINTER QUARTER 1990 MED SCH-TC
MAJOR: MEDICINE
NEUR 5510 EXTERNSH; CLIN PRACT 9.0 E
PED 5501 PEDIATRIC EXTERNSH 9.0 D

COMPL CRS: 18.0 QTR GPA: 0.00 CUM GPA: 0.00

SPRING QUARTER 1990 MED SCH-TC
MAJOR: MEDICINE
MED 5500 MED EXTERNSHIP I 9.0 D
SURG 5502 SURGICAL ICU 9.0 D

COMPL CRS: 18.0 QTR GPA: 0.00 CUM GPA: 0.00

SUMMER SESSION I 1990 MED SCH-TC
MAJOR: MEDICINE
INMD 5500 CLIN MED IV/AMBULAT 9.0 P
OBST 5560 RES IN REPRODUCTION 9.0 D

COMPL CRS: 18.0 QTR GPA: 0.00 CUM GPA: 0.00

FALL QUARTER 1990 MED SCH-TC
MAJOR: MEDICINE
INMD 5555 ELECTIVE AWAY-CREDI 4.5 D
INMD 5555 ELECTIVE AWAY-CREDI 4.5 E
MED 5501 EXTERNSHIP IN MED 9.0 E

COMPL CRS: 18.0 QTR GPA: 0.00 CUM GPA: 0.00

WINTER QUARTER 1991 MED SCH-TC
MAJOR: MEDICINE
INMD 5000 INDEPENDENT STUDY .0

PAID MD GRADUATION FEE 02-07-91

COMPL CRS: 0.0 QTR GPA: 0.00 CUM GPA: 0.00

SPRING QUARTER 1991 MED SCH-TC
MAJOR: MEDICINE
INMD 5552 INDIAN HLTH SERVICE 4.5 D

COMPL CRS: 4.5 QTR GPA: 0.00 CUM GPA: 0.00

UNIVERSITY OF MINNESOTA SUMMARY INFORMATION
UN CREDITS: 264.0 GPA CREDITS: .0
TRANSFER CRS: .0 GPA GRADE PTS: .0
TOTAL CREDITS: 264.0 UN CUM GPA: 0.00



RAISED SEAL NOT REQUIRED

This official university transcript does not require a raised seal.

Samuel R. Lewis

SAMUEL R. LEWIS, REGISTRAR
University of Minnesota - Twin Cities

THE NAME OF THE UNIVERSITY APPEARS IN SMALL BLUE PRINT ACROSS THE FACE OF THIS 8 1/2 X 11 DOCUMENT

KEY TO TRANSCRIPT PRINTED ON BACK THE WORD VOID APPEARS WHEN PHOTOCOPIED



NATIONAL BOARD OF MEDICAL EXAMINERS®

ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME®) in the lower left corner certifies the authenticity of this document.

RECEIVED
NOV 23 1994
NBME
NATIONAL BOARD OF
MEDICAL EXAMINERS

Diplomate Name: Judith Lynn Johnson, MD

Date of Birth: [REDACTED]/1964

Certification Date: 07/01/1992

Certificate #: 400781

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Jun 1989	600 87	380 75	PASS	470 80	615 89	610 88	530 83	645 91	610 88	590 87
					Med	Surg	Ob/Gyn	PM/PH	Ped	Psych	
NBME PART II	Sep 1990	555 83	290 75	PASS	490 81	455 80	590 85	605 86	510 82	615 86	
NBME PART III	Mar 1992	550 83	315 75	PASS							

DATE: 11/16/1994

SEE OTHER SIDE FOR SCORE INFORMATION

The Regents of the

UNIVERSITY OF MINNESOTA

on recommendation of the faculty
have conferred upon

Judith Lynn Johnson

the degree of

Doctor of Medicine

with all its privileges and obligations

Given at Minneapolis, in the State of Minnesota,
this eighth day of June, nineteen hundred and ninety-one.

Barbara Muewing
SECRETARY



Nils Hasselmo
PRESIDENT

RECEIVED

MAR 13 1995

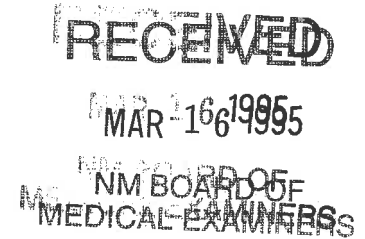
NIM BOARD OF
MEDICAL EXAMINERS



The University of New Mexico

Medical Center
Office of the Assistant Dean for
Graduate Medical Education
BioMedical Research Building
Albuquerque, NM 87131-5156
Telephone (505) 277-6225
FAX (505) 277-7805

March 13, 1995



JoAnn Levitt, M.D.
Secretary-Treasurer
New Mexico Board of Medical Examiners
491 Old Santa Fe Trail/2nd flr/Lamy Bldg.
Santa Fe NM 87501

RE: JOHNSON, Judith Lynn, MD

Dear Dr. Levitt:

This office verifies that Dr. Judith Johnson is currently serving with the University of New Mexico Affiliated Hospitals in the following capacity:

RESIDENCY OBSTETRICS/GYNECOLOGY
From June 24, 1991 to current

Her current training year is from 7/1/94 to 6/30/95. She completed three years of residency training in June 1994. Her anticipated completion date is 6/30/95.

There is nothing of a derogatory nature in Dr. Johnson's file. All indications are that she is performing in an entirely professional and ethical manner.

Sincerely,

Pat Brusuelas
Manager

PB/cm

enc.



BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, New Mexico 87501

BME

Administration (505) 827-5022
Financial (505) 827-6759

Applications (505) 827-9933
Verifications (505) 827-7317

HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise.

Applicant Signature [Signature], M.D. Date: 3/2/95

Applicant Name: Judith Lynn Johnson MD

Address: [Redacted]

- 1. What privileges were extended to the applicant? RESIDENT PHYSICIAN
2. For how long? from 6/24/91 to current
3. Were limitations imposed on such privileges? No [xx] Yes
4. Were staff privileges ever removed or restricted? No [xx] Yes
5. Derogatory information, if any: NONE

Hospital Name: University of New Mexico Affiliated Hospitals

Address: UNM School of Med, Campus Box 535
Albuquerque NM 87131

Affiliated hospitals:

Chief of Staff or Administrator: Pat Brusuelas, Manager, Graduate Med Educ.
Signature: [Signature] Date: 3/13/95

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL
(Please use reverse side for comments)

(SEAL)

RECEIVED

MAR 16 1995

NM BOARD OF
MEDICAL EXAMINERS



NEW MEXICO BOARD OF MEDICAL EXAMINERS
 491 Old Santa Fe Trail
 Second Floor, Lamy Building
 Santa Fe New Mexico 87501

Gary E. Johnson
 GOVERNOR

Livingston Parsons, Jr., M.D.
 PRESIDENT

December 25, 1996

RECEIVED
 FEB 20 1997
 NEW MEXICO BOARD OF
 MEDICAL EXAMINERS

Judith L. Johnson, MD
 UNMH OB/GYN Dept.
 2211 Lomas Blvd NE
 Albuquerque, NM 87131

Dear Dr Johnson,

The New Mexico Board of Medical Examiners is in receipt of your Triennial License Renewal July 1, 1996 - June 30, 1999. On page 2 of the form you answered "Yes" to the questions dealing with malpractice claims, judgements, settlements or lawsuits either pending or adjudicated.

The Board of Medical Examiners respectfully requests that you provide a brief explanation of the circumstances surrounding the malpractice issues.

Your prompt attention to this matter is appreciated.

Sincerely,

Dennis L. Santistevan
 Investigator

ADMINISTRATION
 (505) 827-5022
 (505) 827-7377 FACSIMILE

FINANCIAL
 (505) 827-6759

INVESTIGATIONS
 (505) 827-7362
 (505) 827-8491

LICENSING
 (505) 827-9933 APPLICATIONS
 (505) 827-7317 PHYSICIAN ASSISTANT
 (505) 827-6784 VERIFICATIONS



NEW MEXICO MEDICAL GROUP, P.C.

JUDITH L. JOHNSON, M.D.
OBSTETRICS • GYNECOLOGY

883 LEAD AVENUE SE SUITE A
ALBUQUERQUE, NEW MEXICO 87102
(505) 247-8820

December 4, 1995

Subject: Underwriting information-details of malpractice suit

Patient [REDACTED] a 30 year old woman, received a pelvic exam, colposcopy and cervical biopsies on 6/24/93. She alleges assault, battery, medical malpractice and intentional infliction of emotional distress occurred at this time. Dr. Shauna Jamison and the University of New Mexico Hospital are also named in the complaint.

The insurance carrier involved is:

State of New Mexico Liability Fund
Risk Management Division
1100 St. Francis Drive
Santa Fe, NM 87503

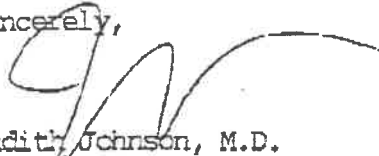
Defense Attorney is:

Suzanne Guest
Farlow Law Firm
6501 America's Parkway NE
Albuquerque, NM 87110

Current status:

Complaint filed 6/19/95
Further Developments pending

Sincerely,


Judith Johnson, M.D.



NEW MEXICO BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

Gary H. Johnson
GOVERNOR

Livingston Parsons, Jr., M.D.
PRESIDENT

December 25, 1996

Judith L. Johnson, MD
UNMH OB/GYN Dept.
2211 Lomas Blvd NE
Albuquerque, NM 87131

Dear Dr Johnson,

The New Mexico Board of Medical Examiners is in receipt of your Triennial License Renewal July 1, 1996 - June 30, 1999. On page 2 of the form you answered "Yes" to the questions dealing with malpractice claims, judgements, settlements or lawsuits either pending or adjudicated.

The Board of Medical Examiners respectfully requests that you provide a brief explanation of the circumstances surrounding the malpractice issues.

Your prompt attention to this matter is appreciated.

Sincerely,

Dennis L. Santistevan
Investigator

ADMINISTRATION
(505) 827-5022
(505) 827-7317 FACSIMILE

FINANCIAL
(505) 827-6789

INVESTIGATIONS
(505) 827-7302
(505) 827-5491

LICENSING
(505) 827-0933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS



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ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-7362
(505) 827-8491

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS



Gary E. Johnson
GOVERNOR

NEW MEXICO BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

TRIENNIAL LICENSE RENEWAL
JULY 1, 1996 - JUNE 30, 1999

SECTION A

RECEIVED

APR 30 1996

NM Board of Medical Examiners
Livingston Parsons, Jr., M.D.
PRESIDENT

Handwritten: #4/6 M
5/22/96

Handwritten: 210⁰⁰
Yes Rudy

RENEWALS DUE ON OR BEFORE JULY 1, 1996. §61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. §61-6-19 NMSA 1978.

JUDITH L JOHNSON, M.D.
UNMH OB/GYN DEPT
2211 LOMAS BLVD NE
ALBUQUERQUE NM 87131-

ADDRESS CORRECTION REQUESTED



505-272-4051 Business phone

Handwritten: 505 247 98820

Out of state physicians - provide New Mexico business address, if any.
NM Bus Addr: _____ City/St/Zip _____

FEES: Active Status \$210.00 Inactive Status _____ 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)

It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978.
Please review the information below for accuracy.

License #	Social Security #	DEA #	Date of Birth
95-79	[REDACTED]	[REDACTED]	1964

Home Address:
1404 MARQUETTE PL NE
ALBUQUERQUE NM 87106-
505-243-7669

Handwritten: (no change)

Other State Licenses:

State	#	State	#
State	#	State	#
State	#	State	#

ABMS Specialty (1) OBSTETRICS AND GYNECOLOGY Board certified? No
ABMS Specialty (2) Board certified?

Physician Assistants/Nurse Practitioners under your supervision:

PA's - none
NP's - none

Hospital Privileges:

- 1) UNMH
- 2)
- 3)
- 4)

Additional Hospital Privileges:

Handwritten: Presbyterian Healthcare System

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(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

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(505) 827-7362
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LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

OVER

✓

The following questions request information that has developed since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation:

Are you at the present time known by any other name? If so, what name? NO

Have you been licensed under another name(s)? If so, what name(s)? NO

Have you been denied a license/registration by a medical licensing board? Yes___ No

Has a medical licensing board started disciplinary action against your license/registration? Yes___ No

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes___ No

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes___ No

Have you had a malpractice settlement or judgment against you? Yes___ No

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes No___

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.) Yes___ No

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine? Yes___ No

I verify that all the above information is true and accurate.

[Signature]
Signature of Licensee/Registrant

4/4/96
Date